

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024082

STATE FILE NUMBER

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 59

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JUN 19 1963

1. PLACE OF DEATH

a. COUNTY Howard

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Fayette

Length of stay in 1b  
4 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Keller Memorial Hosp.

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Howard

c. CITY OR TOWN New Franklin

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)  
Route 1

Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
ALBERT H. BRETTHORST

4. DATE OF DEATH  
Month Day Year  
June 11 1963

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
Nov. 1, 1910

9. AGE (last birthday)  
52

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Contractor & Builder

10b. KIND OF BUSINESS OR INDUSTRY  
Self

11. BIRTHPLACE (City and state or country)  
Berger, Missouri

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

John Bretthorst

13b. MOTHER'S MAIDEN NAME

Fredricka Wilmsmeyer

14. NAME OF HUSBAND OR WIFE

Edna H. Schlapper

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address Route 1  
Mrs. Edna Bretthorst New Franklin

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute leukemia - unclassified

INTERVAL BETWEEN ONSET AND DEATH  
March 1963

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 15, 1963 to June 11, 1963  
Death occurred at 9:30 a.m. 6/11/63

last saw him alive on 6-11-63  
on the date stated above, and to the best of my knowledge, from the causes stated:

22a. SIGNATURE  
(Degree or title)  
M. P. Reed M.D.

22b. ADDRESS  
Fayette, Mo.

22c. DATE SIGNED  
6-13-63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
June 13, 1963

23c. NAME OF CEMETERY OR CREMATORY  
Mt. Pleasant

23d. LOCATION (City, town, or county) (State)  
New Franklin Missouri

24. FUNERAL DIRECTOR  
Markland Hall

ADDRESS  
New Franklin, Mo.

25. DATE RECD. BY LOCAL REG.  
6-13-63

26. REGISTRAR'S SIGNATURE  
Katherine Welch

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JUN 20 1963

0420  
1240

0 - 0 3

0 - 8

Permit received 6-13-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Tom D. Marbland

Licensed Embalmer No. 4592

P. O. Address New Franklin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.